

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19672

State File No. _____

Registrar's No. **5897**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILE

Registration District No. **1003**

318

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo. 19 days**
(Specify whether years, months or days) **38 years**

3. (a) PRINT FULL NAME **Mamie Haynes**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Sep.**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 22, 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 6 1 hr. _____ min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Nil**

12. Name **Bink Haynes** 13. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown** 15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Shirley M. Smith**
(b) Address **2601 N. Whittier**

17. (a) **Burial** (b) Date thereof **7-3-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenwood Cem.**

18. (a) Signature of funeral director **A. L. Odum**
(b) Address **2221 Franklin**

19. (a) **JUN 28 1943** (b) **J. F. Braddock**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2133 Walnut**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **23**
year **1943** hour **11** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **June 23, 1943** to **June 23, 1943**
that I last saw **her** alive on **June 23, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **Unk.**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature **Alva Moore** (M. D. or other)
Address **2601 N. Whittier** Date signed **6/24/43**

Embalmer's Report to Cert to be filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.